#### CANDIDATE'S ELECTION DAY EXPENDITURES

(to be filled by a candidate or his principal campaign committee)

This report is required to be filed by all candidates who are required to file campaign finance disclosure reportsevant fine election day expenditures were made. The report is due not later than 10 days after the primary election, and, again, not later than 10 days after the general election if the candidate participates in the general election. This form is used to report payments by the candidate or his political committee (1) for advertising that is broadcast or published on election day, (2) for the services of election day workers, and (3) to organizations for election day activities in support of the candidate. NOTE: This report is required in addition to all other required reports. Therefore, the expenditures reported on this report must be reported in subsecuent "Candidate's Reports" for this election.

payments by the candidate or his pointce for the services of election day workers, a NOTE: This report is required in addition must be reported in subsequent "Candidate	and (3) to organizations for election date to all other required reports. Therefore,	y activities in support of the candidate.
Hand deliver or mall to: CAMPAIGN FINA	NCE, 8401 United Plaza Blvd., Suite 2	00, Baton Rouge, LA 70809-70179.
Full Name and Address of Cardicate ROBERT BILLIOT 34: AVENUE C	2.Office Sought (Include tills of office as well as parish, city, fown and/or election district)     MAYOR     CITY OF WESTWEGO	OFFICE USE ONLY
WESTWEGO _A . 00:94		Ede 10/01 11/20 132
<ol> <li>Name and address of principal campaign committee (Applicable only if candilate has a principal campa</li> </ol>	e committee)	7
	Please see attached sheets.	
4. Date of Primary Election		2
Date of General Election 11/17/2007		7. Skg.
5. Total Expenditures by Cirlegory  a. Television Advertising [Sched	ule A)	into in the control of the control o
b. Radic Advertising (Schedule A	4)	0.00
c. Newspaper Advertising (Sche	dule A)	O.DO
d. Services of Election Day Work	kers (Schedule B)	7050.00
<ul> <li>e. Paymer ts to Organizations for Day Activities/Services (Sohe</li> </ul>		0.00
For any category in which no election day expend turn be omitted from this report	as were made, write -<- next to the catagory in Her	n 5. Any schedules not required to be completed may
6 a. Name of Person Pr-piring Repor		6 b. Daytime Telephona Please see attached sheets.
7. WE HEREBY CERTIFY that the information contains and bellef, and that no election day experies or the Louisiana Campaign Finantic Disclosed Cated Signature of Candidate Atherperson (16 Chairperson only if report by principal of	ure Act.	ue and correct to the best of our knowledge,
Signature of Treasurer Form 104, Ren. 356 Paga Rep., 356	2000 H	Daytime Telëphonë Number

2. Social Security Number	3. Amount Paid	Organization Making     Payment (if applicable)
	100.00	
	100.00	A/2 14 20
	100.00	Jacob et al.
	100.90	
	100.00	
	190.00	
	100.00	
	200.00	
		100.00

2. Social Security Number	3. Amount Paid	4. Organization Making Payment (H applicable)
	200.00	
	100.00	
	190.00	
	Pro-	777
	100.00	
	50.00	\$ k
	100.00	
	100.00	
	200.00	
		100.00 100.00 50.00

2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
	160.00	
	100.0D	
	100.60	
	100.00	
	100.00	
	100.00	
	100.00	
	200.00	
		100.00

1. Name and Address o' Recipient		2. Social Security Number	3. Amount Pald	Organization Making     Payment (if applicable)
Arthur Kalser			200.00	
Sybil Kaiser	12 - \$1,00	22,444	100.00	<i></i>
Sybil Kaiser	21 <u>17</u> 9		100.00	
MICHFILLE LEBLANC 816 QAK AVE: BRIDGE CITY	L <sup>3</sup> /0094		100.00	
Sandra Lacayo			200.00	
Donna Lopoz		to pro-	200.00	
ANNA LEBLANC MYEF \$ 456 AVENUE C	·		100.00	
WESTIWEGO  Joenn Mahly	LA 70094		100.00	
Form 184, Rav. Page New, 328,	<u> </u>	The state of the s		

2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
	100.00	
	400.00	
	203.00	
	100.90	
2) 26-24	160.00	
	100,00	
	100.00	
	109.00	3 k
		200.00 100.00 100.00

2. Social Security Number	3. Amount Paid	Organization Making     Payment (if applicable)
	100.00	
	100.00	
	100.00	
2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	100.00	
	100.00	****
	100 DO	
	200.00	
	200,00	
		100.00 100.00 100.00 100.00

The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report.

2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
	100.00	
	100.00	
	400.00	
-	100.00	20 x
	100.00	
	250.00	
		100.00 100.00

Form 104, Rev. Page Rev. MSP.